

**COUNTY OF SAN DIEGO**

Department of Agriculture, Weights and Measures

HAZARDOUS MATERIALS INVENTORY INSPECTION

FIRM INSPECTED															HAZARD MATERIALS NUM														
MAILING ADDRESS															BUSINESS TELEPHONE NUMBER														
CITY															STATE					ZIP CODE					FAX NUMBER				
LOCATION INSPECTED																													
CONTACT PERSON															TITLE / POSITION														
<i>This inspection reflects the requirements of the California Health and Safety Code. To ensure that your business has met the requirements of SARA Title III, contact the San Diego County, Department of Health Services (the administering agency).</i>																													
1. INVENTORY OF HAZARDOUS MATERIALS: [Section 24403.5 Health and Safety Code]																													
<input type="checkbox"/> YES <input type="checkbox"/> N/A					A. Hazardous Materials in excess of 55 gallons stored.																								
<input type="checkbox"/> YES <input type="checkbox"/> N/A					B. Hazardous Materials in excess of 500 pounds stored.																								
<input type="checkbox"/> YES <input type="checkbox"/> N/A					C. Hazardous Materials in excess of 200 cubic feet stored.																								
<input type="checkbox"/> YES <input type="checkbox"/> N/A					D. Acutely Hazardous Materials (AHM) above Threshold Planning Quantity (TPQ).																								
<input type="checkbox"/> YES <input type="checkbox"/> N/A					E. Carcinogenic/Reproductive toxins (any amount) stored.																								
<input type="checkbox"/> YES <input type="checkbox"/> N/A					F. Hazardous Compressed Gases (any amount) stored.																								
2. EMERGENCY RESPONSE PLAN [Section 25504(b), Health and Safety Code]																													
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					A. Procedures to follow in case of emergency (fire, spill, or other emergency).																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					B. Evacuation procedures described.																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					C. Notification of appropriate agencies described.																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					D. List of phone numbers of agencies to be notified after release or suspended release.																								
3. EMPLOYEE TRAINING [Section 25504(c), Health and Safety Code]																													
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					A. Handling hazardous materials described.																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					B. Coordinating with emergency response agencies.																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					C. Use of emergency response equipment and materials described.																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					D. Emergency Response plan implementation.																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					E. Material Safety Data Sheets (MSDS) available.																								
4. EMERGENCY COORDINATOR [Section 25509(a)(7), Health and Safety Code]																													
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					A. Name, address, phone number of emergency coordinator submitted as part of business plan.																								
5. POSTING [Section 25503.5(b)(5)(B), Health and Safety Code]																													
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					A. Hazardous Materials Storage Area posted.																								
6. SITE MAP [Section 25509(a)(5), Health and Safety Code]																													
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					A. Site map available and accurate.																								
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					B. Site map submitted with inventory.																								
REMARKS:																				Site Activation Status <input type="checkbox"/> Deactivated <input type="checkbox"/> Reactivated									
																				VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO									
																				Follow Up Required <input type="checkbox"/> YES <input type="checkbox"/> NO									
Acknowledgement of Inspection															Date					Correct Non-Compliances By: / /									
Enforcement Official Signature															INSP #					DATE INSPECTED									